

RONALD FANTOZZI

7 OF 18

[illegible]

2278533 MS HR 221542
10/06/65 HONZEL, MICHAEL J
10/06/65 RONALD M
FITCHES, COMMUNICATIONS, RESPONSE 210
INSTRUCTIONS TO PATIENT, SIGNED
ABERN
10/16/62 H/R 207-7823873
218103-01

PROBES

PROGRESS NOTES

St. Mary's Regional Medical Center
Emergency Department Radiology Request

Examination(s) Requested: Alb / Strep

Reason for Examination: Physical and Mental

Examinations Ordered By: *Claregan*

Ankle

(1) Frontal View



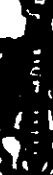
(2) Viewed from medial side



Plane of Section



Elbow



10-72533 NR 221342

11-1005/98

100-1021. RONALD H

80

RE 04210

999999

100-100000-162

7823873

Preliminary Reading

E.D. Interpretation

☐ Normal

☒ No Acute Abnormality

☐ Other (specify)

Emergency Physician's

Signature:

Radiology Interpretation

☐ No E.D. interpretation

☐ Agree with E.D. ☒ no further action

☐ Disagree with E.D.

Radiologists recommendation:

2. Long period SBO

E.D. called: Date

Time

Follow-Up Note

(Must be completed in cases of recommendation.)

Date of Follow-Up:☐ E.D. Chart reviewed/No follow-up necessary

E.D. Physician's

Signature:

**ST. MARY'S REGIONAL
MEDICAL CENTER**

Lewiston, ME 04240

RADIOLOGY REPORT

Name: FANTOZZI, RONALD M
Pt. Phone: 782-3873
DOB: [REDACTED] 62
PHY(S): MICHAEL MONZEL, M.D.
PHY(S): TERRENCE FLANAGAN, M.D.
Hosp #: 8278533
MR #: 22-13-42
X-RAY #: 08-99-89
Service Date: 10/05/98
NS/Room: MS-301

ABDOMINAL OBSTRUCTION SERIES 74022

Indication for Study: Right sided abdominal pain.

FINDINGS:

Chest: The lungs are clear and fully expanded with no pneumothorax or free air seen. No change from 10/4/98.

IMPR: No active cardiopulmonary disease.

Abdomen: Film of abdomen shows nonspecific small bowel and large bowel gas.

Question of an early partial small bowel obstruction is raised. There is somewhat more gas in the small bowel on today's study than on the previous study. No free air identified.

IMPR: Question of partial early small bowel obstruction. No renal tract calculi seen.

Also included in the differential diagnosis of course would be an ileus.

MARK [REDACTED] E, M.D./rlj
D: 10/05/98 T: 10/05/98

cc: MICHAEL MONZEL, M.D.
X-RAY BACK OFFICE
X-RAY FRONT OFFICE
Emergency Room
PHYSICIAN BILLING
RAD

(P)
(O)
(Q)
(P)
(Q)
(Q)

500685.011.0153

ST MARY REGIONAL MEDICAL CENTER BOSTON, MAINE 04240 (207) 777-8400
DAVID GALLICK, M.D., DIRECTOR, DEPARTMENT OF PATHOLOGY

NAME	FANTOZZI, RONALD M	D/A	A 05-OCT-98
LOC	MS0300A	ACCT	8278533
PHY	MONZEL, MICHAEL J	HREC	221342
DOB	1934-62	TYPE	I
AGE	036 Y	SEX	M
		DIAG	SMALL BOWEL OBSTRUCTION

+++++ LEGEND +++++
X=REQUEST @=PICKED-UP ?=PENDING C=CRITICAL L=LO H=HI +=DELTA *=NEW []=OLD-VALUE

HEMATOLOGY/COAGULATION

TEST	NORMAL RANGE	ID:20213 0610 08-OCT-98	ID:19375 0605 06-OCT-98	STAT:18989 0955 05-OCT-98
WBC	4.5-11.0 X10 ³	14.3# H	12.5 H	11.3 H
RBC	4.7-6.1 X10 ⁶	4.00# L	3.99 L	4.04 L
HGB	14-18 G/DL	12.9# L	12.9 L	13.0 L
HCT	42-52 %	37.5# L	37.0 L	37.8 L
MCV	80-94 FL	93.8#	92.7	93.5
MCH	27-31 PG	32.3# H	32.2 H	32.2 H
MCHC	33-37 G/DL	34.4#	34.8	34.5
RDW	11.5-14.5 %	11.4# L	11.5	11.2 L
PLATELET COUNT	130-400 X10 ³	245#	274	285
MPV	7.4-10.4 FL	8.3#	8.2	7.3 L
LYMPHS (COULTER)	20-35 %	3.4# L	4.6 L	5.1 L
MONO (COULTER)	0-15 %	2.9#	2.0	1.3
GRAN (COULTER)	55-81 %	93.5# H	93.2 H	93.4 H
EOS (COULTER)	0-3 %	0.1#	0.2	0.0
BASO (COULTER)	0-1 %	0.1#	0.0	0.2
SEG	55-75 %	96.0# H	86.0 H	
BAND	0-6 %	2.0#	7.0 H	
LYMPH	20-35 %	1.0# L	5.0 L	
MONO	0-15 %	1.0#	2.0	
EOS	0-3 %	0.0#	0.0	
BASO	0-1 %	0.0#	0.0	
ATYPICAL LYMPH	0-0 %	0.0#	0.0	
METAMYELOCYTE	0-0 %	0.0#	0.0	
MYELOCYTE	0-0 %	0.0#	0.0	
BLASTS	0-0 %	0.0#	0.0	
NEBC/100WBC'S	0-0	0.0#	0.0	
PLATELET ESTIMATE		NORMAL#	NORMAL	
MACROCYTES			RARE	

FANTOZZI, RONALD M 8278533

08-OCT-98 AT 04:31 PM (CONT.)

- PAGE 1 -

CUMULATIVE REPORT

500685.011.0154

===== CHEMISTRY/CARDIAC/LIPIDS =====

TEST	NORMAL RANGE	ID:20213 0610 08-OCT-98	ID:19375 0605 06-OCT-98	STAT:18989 0955 05-OCT-98
GLUCOSE	70-108 MG/DL		139 H	
BUN	7-22 MG/DL		9	
CREATININE	0.6-1.2 MG/DL		0.7	
ALBUMIN	3.5-4.8 G/DL	3.6*		
TOTAL BILIRUBIN	0.3-1.2 MG/DL	0.7*		
DIRECT BILIRUBIN	0.0-0.4 MG/DL	0.3*		
INDIRECT BILIRUBIN	0.0-0.8 MG/DL	0.4*		
ALKALINE PHOS	37-107 U/L	65*		
SGOT	8-42 U/L	37*		
SGPT	0-55 U/L	77* H		
NA	135-145 MEQ/L		139	139
K	3.8-5.2 MEQ/L		4.1	3.6 L
CL	98-108 MEQ/L		103	104
CO2	23-33 MEQ/L		32	28

FANTOZZI, RONALD M 46278533 08-OCT-98 AT 04:31 PM (CONT.)
- PAGE 2 - CUMULATIVE REPORT

500685.011.0155

URINALYSIS/PARASITOLOGY/IMMUNOLOGY

TEST	NORMAL RANGE	ID:19825 0033 07-OCT-98	STAT:19074 1121 05-OCT-98
URINE REFRIGERATED			NO
URINE CULTURED?			NO
URINE APPEARANCE	CLEAR		CLEAR
URINE COLOR	YELLOW		LIGHT YELLOW
URINE SPEC. GRAVITY	1.008-1.030		1.007 L
URINE LEUKO EST.	NEGATIVE		NEGATIVE
URINE NITRITE	NEGATIVE		NEGATIVE
URINE PH	5.0-8.0		7.0
URINE PROTEIN	NEGATIVE (MG/DL)		NEGATIVE
URINE GLUCOSE	NORMAL (MG/DL)		250
URINE KETONES	NEGATIVE		NEGATIVE
URINE UROBILINOGEN	NORMAL (MG/DL)		NORMAL
URINE BILIRUBIN	NEGATIVE		NEGATIVE
URINE OCCULT BLOOD	NEGATIVE (ERY/UL)		NEGATIVE
C. DIFFICILE TOXIN	-NEGATIVE	POSITIVE II	

8078533

St. Mary's Regional Medical Center
Center for Pain ManagementMedical Director: Ronald Snyder, M.D.
Program Coordinator: Vickie Boucher, RN

Ext 4878

Patient Name Ronald Fantazzi Date 10-8-98
 Date of Birth 6-2 Sex male Marital status married 7-5-76
 Telephone Numbers: Home (no) 782-3873 Work (no) 784-9186
 Home Address 40 Poland Rd.
 Street A
 City Auburn State Me ZIP 04210

INITIAL PAIN ASSESSMENT

By answering the following questions, you will help your physician better understand and treat your pain.

1. When and how did your pain problem start? (Circle Appropriate Answer)

Accident at work
☒ Following illness

Accident at Home
 Following Surgery

Other Accident
 Pain 'Just Began'

Comments: CROHN'S DISEASE

2. As far as you know, what is the cause of your pain (i.e. the diagnosis made by other doctors or therapists)?

Inflammation in my intestines

3. What Doctors & other Health Professionals have you consulted since your pain began?
 (Check off all the appropriate Professionals)

☐ Acupuncturist
☒ Allergist
☐ Anesthesiologist
☐ Cardiologist
☐ Chiropractor
☒ Clergy
☒ Dentist
☐ Dermatologist
☐ Ear-Nose-Throat
☐ Endocrinologist
☐ Faith Healer

☒ General Practitioner
☐ Hypnotist
☐ Internist
☐ Neurologist
☐ OB/GYN
☐ Occupational Therapy
☐ Osteopath
☐ Ophthalmologist
☐ Orthopaedist
☐ Pediatrician
☐ Physical Therapist

☐ Plastic Surgeon
☐ Proctologist
☐ Psychiatrist
☐ Psychologist
☐ Radiologist (x-ray)
☐ Surgeon (General)
☐ Surgeon (Neuro)
☐ Surgeon (Oral)

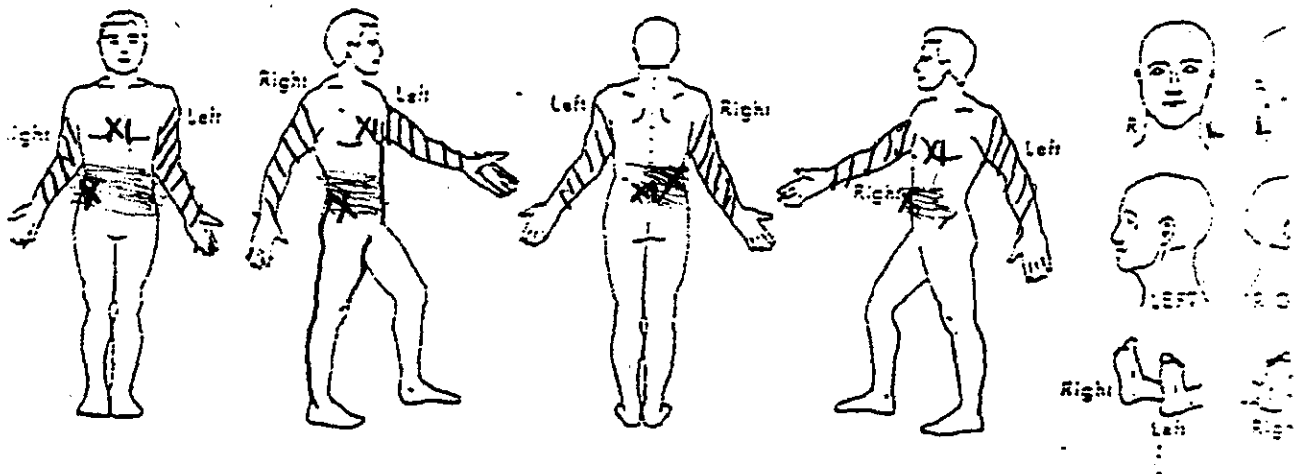
☒ Gastroenterologist
☐
☐

4. What tests and studies have been done?

Fantuzzi Ronald 807853

Tests & Studies (i.e. MRI, CT Scans, X-Rays)	Month/Year	Results
X-Rays	Aug, Sept, Oct 1998	obstruction
Colonoscopy	Sept 1998	
Catscan	Aug or Sept 1998	
Blood work	Aug, Sept + Oct 1998	
Looked into my bladder and kidneys	Sept August 1998	

5. On the diagram below, shade the area(s) where you feel pain. "X" the area that hurts the most and place small "X" in the other areas of pain. Place (///////) or shade in areas that are numb.



- 8078033 *Ferdinand Romald*
6. What pain treatments (i.e. therapy, acupuncture, TENS, etc.) or medication (prescribed and over-the-counter) have you used? Circle the number next to the treatment to signify the maximum amount of pain relief that treatment is providing or has provided.

Treatment or Medication	No Relief	1	2	3	4	5	6	7	8	9	Complete Relief	Check if Now Receiving Now
<u>Demerol</u>	0								(8)		10	<input checked="" type="checkbox"/>
<u>Percocet</u>	0						(6)	(7)			10	<input type="checkbox"/>
<u>Tylenol</u>	0				(4)						10	<input type="checkbox"/>
	0										10	<input type="checkbox"/>
	0										10	<input type="checkbox"/>
	0										10	<input type="checkbox"/>
	0										10	<input type="checkbox"/>
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	0										10	<input type="checkbox"/>
	0										10	<input type="checkbox"/>
	0										10	<input type="checkbox"/>
	0										10	<input type="checkbox"/>

7. Circle the number that best describe your pain at its WORST-during the last month.

0 1 2 3 4 5 6 7 8 9 (10)
No Pain Worst Pain Imaginable

8. Circle the number that best describes your pain at its LEAST during the last month.

0 1 2 3 (4) 5 6 7 8 9 10
No Pain Worst Pain Imaginable

9. Circle the number that describes your pain On average during the last month.

0 1 2 3 4 5 (6) 7 8 9 10
No Pain Worst Pain Imaginable

10. Circle the number that best describes your pain

0 1 2 3 4 5 (6) 7 8 9 10
No Pain Worst Pain Imaginable

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11. Your Doctor would like to know what DECREASES (-) and INCREASES (+) your pain. (Place a (-) next to activities which decrease your pain and a (+) next to activities that increase your pain)

	Braces	+	Mild Exercise
	Bright Lights	+	Movement
	Cold	-	No Movement
	Damp	+	Pressure
	Distractions (t.v., etc)	-	Relaxation
+	Dressing	-	Sleeping
+	Driving	+	Standing
+	Fatigue	+	Sitting
+	Going to Work	+	Socializing
+	Intercourse	+	Stimulants (Coffee, etc)
-	Heat	+	Stretching
+	Household Chores	+	Tension
+	Liquor	+	Thinking of Work
+	Loud Noises	+	Touching
-	Lying Down	+	Urination, Defecation <i>Bowel Movements</i>
-	Massage	+	Walking
-	Medication		Weather Changes
	Meditation		

COMMENTS:

PAIN DESCRIPTION8978593
Fankoff
Ronald

Some of the words below will describe your pain. CIRCLE ANY AND ALL WORDS which describe your pain. (Not every category may need to be selected....depending on the exact and unique quality of your pain):

Category 1 Clicking Quivering Pulsing Throbbing Beating	Category 2 Jumping Flashing Shooting	Category 3 Pricking Boring Drilling Stabbing Lancing	Category 4 Sharp Cutting Lacerating	Category 5 Finching Pressing Gnawing Cramping Crushing	Category 6 Tugging Pulping Wrenching
Category 7 Hot Burning Scalding Searing	Category 8 Tingling Itching Smarting Stinging	Category 9 Dull Sore Flurting Aching	Category 10 Tender Taut Rasping Splitting	Category 11 Tiring Exhausting	Category 12 Sickening Suffocating
Category 13 Fearful Frightful Terrifying	Category 14 Punishing Grueling Cruel Vicious Killing	Category 15 Wretched Blinding	Category 16 Annoying Troublesome Miserable Intense Unbearable	Category 17 Spreading Radiating Penetrating Piercing	Category 18 Tight Numb Drawing Tearing
Category 19 Cool Cold Freezing	Category 20 Nagging Nauseating Agonizing Dreadful Torturing	Category 21 Helpless Hopeless	Category 22 Restless Irritable Panic Raging	Category 23 Decreased Memory Decreased Attention Decreased Concentration	

☒ Office Use Only:
S(1-10) 41

7 50%
A (11-15) 14

T (10-20) 76

DISABILITY INDEX

8 2785 33

Faulstich
Ronald

The Rating Scales below measure the IMPACT of chronic pain in your every day life. We want you to know how much your pain is preventing you from doing your normal activities. For each of the 7 categories of life activities listed, CIRCLE ONE NUMBER THAT REFLECTS THE LEVEL OF DISABILITY YOU TYPICALLY EXPERIENCE. A score of "0" means no disability at all and pain is not interfering at all in that particular category of life. A score of "10" means that all activities which you would normally do have been disrupted or prevented by your pain. YOUR RATING SHOULD REFLECT THE OVERALL IMPACT OF PAIN IN YOUR LIFE, not just when the pain is worse. MAKE A RATING FOR EVERY CATEGORY. If you think a category does not apply, circle "0".

- A. **FAMILY/HOME RESPONSIBILITIES:** This category refers to activities related to the home or family. It includes chores & duties performed around the house (i.e. yard work) and errands or favors for other family members (i.e. driving the children to school)

0 1 2 3 4 5 6 7 8 9 10

- B. **RECREATION:** This category includes hobbies, sports, and other leisure-time activities.

0 1 2 3 4 5 6 7 8 9 10

- C. **SOCIAL ACTIVITIES:** This category includes parties, theater, concerns, dining out, and other social activities that are attended with family and friends.

0 1 2 3 4 5 6 7 8 9 10

- D. **OCCUPATIONAL:** This category refers to activities that are directly related to one's job, including non-paying jobs, homemaking, and volunteer work.

0 1 2 3 4 5 6 7 8 9 10

- E. **SEXUAL BEHAVIOR:** This category refers to frequency and quality of one's sex life.

0 1 2 3 4 5 6 7 8 9 10

- F. **SELF-CARE:** This includes personal maintenance and independent daily activities (i.e. showering, driving, getting dressed).



0 1 2 3 4 5 6 7 8 9 10

- G. **LIFE-SUPPORT ACTIVITY:** This activity refers to basic life-supporting behaviors such as eating, sleeping, and breathing.

0 1 2 3 4 5 6 7 8 9 ~~10~~

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Fenthy
Ronald

14. What level of Pain do you think you could function on a daily basis?

0 1 2 3 4 5 6 7 8 9 10
No Pain  3 4  6 7 8 9 10
Worst Pain Imaginable

GENERAL HEALTH REVIEW

1. Medical History (such as heart disease, stroke, cancer, arthritis, diabetes, hypertension, as well as psychiatric illness)

Heart Dis	Kidney stones	
arthritis	Gallbladder removed	
anxiety	Hepatitis C	
also Crohn's disease	Hypercondria	

2. Surgical History (unrelated to pain; such as appendectomy)

3. Surgical History (related to pain; such as laminectomy)

Walt of Intestine removed and appendix		
Gallbladder removed		
Bone surgery for broken wrist + fingers		
Surgery to break up kidney stones		

4. Allergies (including medication and food allergies)

None known of		
Bad Hayfever		

5. Intolerances (including side effects from previous medication, such as gastritis, nausea, constipation, etc.)

2010F - Kept me awake all night		

Fantuzzi Ronald 8278583

6. Please list your current medications which you are taking for other than the painful complaints (including vitamins, and birth control pills, if applicable.)

7. Do you eat at least 3 regular meals a day? Yes ☒ No
Circle any of these foods if you eat or drink them on a daily basis

<input checked="" type="radio"/> Red Meat	<input checked="" type="radio"/> Vegetables	<input checked="" type="radio"/> Fruits	Coffee	Candy Bars
<input checked="" type="radio"/> White Meat	Milk	Tea	Alcohol	<input checked="" type="radio"/> Cereal
<input checked="" type="radio"/> Sugar	Sugar Substitutes	<input checked="" type="radio"/> Bread	Salads	Diet Soda
Protein Substitutes	<input checked="" type="radio"/> Pasta	<input checked="" type="radio"/> Eggs	<input checked="" type="radio"/> Colas	Ice Cream

8. How often do you snack? (i.e. once a day, 3 - 4 times a day) more than 4
What do you usually snack on small Bites, anything
9. Your doctor would like to know how well you sleep. (Check any of the following)

Condition	Always	Sometimes	Never
Trouble Falling Asleep	<input checked="" type="checkbox"/>		
Medication Needed to Sleep	<input checked="" type="checkbox"/>		
Awakened by Pain		<input checked="" type="checkbox"/>	

Average Number of Hours of Sleep 4-5

DOMESTIC SITUATION

1. With whom do you live? my wife and 2 children
How are they related to you? Debra, Daren + Kristen Fantuzzi
Their Occupation: Tambrands - production line
Their Health Status: Good
Is this who you turn to for support? ☒ Yes No If not, who?
What do they do when they see you are in pain? listen, caring + understanding
do things like call the doctor, get me something if I need it
What are they doing (more or less) due to your pain? nothing right now I'm in the hospital like a drink of water etc...
2. Are there any substance abuse issues in the household? Yes ☒ No
If yes, please explain:
3. Are you able to take care of yourself? ☒ Yes No
If not, please enter name of care giver: Except when I have a bad anxiety attack
and I hyperventilate
my wife calms me down and helps me
concentrate breathing through a paper
bag.

BECK INVENTORY8278523
Fantoppe Ronald

This group of questions will help your doctor understand how pain has changed your outlook on life. In each group, pick out one statement that best describes how you have been feeling the past week, including today:

- | | |
|--|--|
| <p>1 0. I do not feel sad
 1. I feel sad</p> <p> 2. I am sad all the time
 3. I am so sad/unhappy, that I can't stand it</p> | <p>11 0. I am not more irritated now than I ever am
 1. I get annoyed or irritated more easily than I used to
 2. I feel irritated all the time now
 3. I don't get irritated at all by things that used to irritate me</p> |
| <p>2 0. I am not particularly discouraged about the future
 1. I feel discouraged about the future
 2. I feel I have nothing to look forward to
 3. I feel the future is hopeless and things can not improve</p> | <p>12 0. I have not lost interest in other people
 1. I am less interested in other people than I used to be
 2. I have lost most of my interest in other people
 3. I have lost all my interest in other people</p> |
| <p>3 0. I do not feel like a failure
 1. I feel I have failed more than the average person
 2. As I look back on my life, all I can see is a lot of failure
 3. I feel I am a complete failure as a person</p> | <p>13 0. I make decisions about as well as I ever could
 1. I put off making decisions more than I used to
 2. I have greater difficulty in making decisions than before
 3. I can't make decisions at all any more</p> |
| <p>4 0. I get as much satisfaction out of things as I used to
 1. I don't enjoy things the way I used to
 2. I don't get real satisfaction out of anything any more
 3. I am dissatisfied or bored with everything</p> | <p>14 0. I don't feel I look any worse than I used to
 1. I am worried that I am looking old or unattractive
 2. I feel that there is permanent changes in my appearance
 3. I believe that I look ugly</p> |
| <p>5 0. I don't feel particularly guilty
 1. I feel guilty a good part of the time
 2. I feel quite guilty most of the time
 3. I feel guilty all of the time</p> | <p>15 0. I can work about as well as before
 1. It takes an extra effort to get started at doing something
 2. I have to push myself very hard to do anything
 3. I can't do any work at all</p> |
| <p>6 0. I don't feel I am being punished
 1. I feel I may be punished
 2. I expect to be punished
 3. I feel I am being punished</p> | <p>16 0. I can't sleep as well as usual
 1. I don't sleep as well as I used to
 2. I wake up 1-2 hours earlier than usual & find it hard to get back to sleep
 3. I wake up several hours earlier than I used to & cannot get back to sleep</p> |
| <p>7 0. I don't feel disappointed in myself
 1. I am disappointed in myself
 2. I am disgusted with myself
 3. I hate myself</p> | <p>17 0. I don't get more tired than usual
 1. I get tired more easily than I used to
 2. I get tired from doing anything
 3. I am too tired to do anything</p> |

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Fantuzzi
Ronald

- 8 ☐ 0. I don't feel I am worse than anybody else
☒ 1. I am critical of myself for my weaknesses or mistakes
2. I blame myself all the time for my faults
3. I blame myself for everything bad that happens
- 9 ☒ 0. I don't have any thoughts of killing myself
1. I have thoughts of killing myself, but I would not carry them out
2. I would like to kill myself
3. I would kill myself if I had the chance
- 10 ☐ 0. I don't cry any more than usual
☒ 1. I cry more now than I used to
2. I cry all the time now
3. I used to be able to cry, but now I can't cry even though I want to
- 18 ☐ 0. My appetite is not worse than usual
☒ 1. My appetite is not as good as it used to be
2. My appetite is much worse now
3. I have no appetite at all
- 19 ☐ 0. I haven't lost much weight, if any, lately
☒ 1. I have lost more than 5 pounds
2. I have lost more than 10 pounds
3. I have lost more than 15 pounds
- 20 ☒ 0. I am more worried about my health than usual
☒ 1. I am worried about my physical problems, such as aches, pains, upset stomach, constipation
2. I am very worried about physical problems and it's hard to think of much else
3. I am so worried about physical problems that I can't think about anything else
- 21 ☐ 0. I have not noticed any recent change in my interest in sex
☒ 1. I am less interested in sex
2. I am much less interested in sex
3. I have lost interest in sex completely

OFFICE USE ONLY

11-16 ml

17-26 MO

>26 s

EDUCATIONAL BACKGROUND8078533
Fentoye
Robb

1. Did you graduate from High School? Yes ☐ No ☒
 If no, why did you not complete High School? went to work
 If no, did you obtain a GED? Yes ☐ No ☒
2. Your easiest subject was _____ Your hardest subject was _____
3. Have you served in the military? Yes ☐ No ☒ If yes describe your experience: _____

WORK HISTORY

Employer	Years Worked	Why did you leave?
Martel Meats	2	missed a lot of time - got fired
Fabron Shoe	10	disabled at the present
Supreme Slipper	4-5	laid off
Quaddy Moccasin	2-3	Place closed down

2. Describe your present job (if you are working) or your last job and identify if it is or was "light duty" or modified due to your physical or emotional capacity.

It was not light duty - I stand almost all day pushing and pulling molds open and shut - I work around polystyrene and other chemicals - I've missed a lot of time due to my illness, stress and sleeplessness

3. If this is a work related injury or your pain has interfered with your ability to work, describe your relationship with your employer and coworkers. Have they contacted you to see how you are doing?

with my coworkers my relationship is ok and my employer has been patient and they have contacted my wife as to how I've been doing

LEGAL MATTERS8278533
Fantoye
Ronald

1. Are you presently involved in a lawsuit? YES ☒ NO ☐
If yes, please explain:

2. Who is your attorney?

Don't Have One

SUBSTANCE USE

1. Which of the following drugs or substances, if any, have you used in the past., (Circle all that apply.) Next to each drug or substance that you've circled. Identify if you used it occasionally ("O"), frequently ("F"), or continuously ("C"):

Alcohol <input checked="" type="radio"/>		Barbiturates		Cocaine	
Heroin		Amphetamines		Marijuana	
Other		Other		Other	

2. Are you presently using any of the following drugs or substances? (Circle all that apply) Next to each drug or substance that you've circled, identify if you use it occasionally ("O"), frequently ("F"), or continuously ("C")

Alcohol		Barbiturates		Cocaine	
Heroin		Amphetamines		Marijuana	
Other		Other		Other	

8278533
Fantuzzi
Ronald

3. Please answer the following questions about your **CURRENT** alcoholic use. (MAST Questionnaire)

To the best of your knowledge		Circle Correct Answer	Office Use Only
A.	Do you feel you are a normal drinker? (If you do not drink, circle yes)	<input checked="" type="radio"/> Yes <input type="radio"/> No	2
B.	Do friends or relatives think you are a normal drinker? (If you do not drink, circle yes)	<input checked="" type="radio"/> Yes <input type="radio"/> No	2
C.	Have you ever attended a meeting of Alcoholics Anonymous (AA)?	<input type="radio"/> Yes <input checked="" type="radio"/> No	5
D.	Have you ever lost friends or girlfriends/boyfriends because of drinking?	<input type="radio"/> Yes <input checked="" type="radio"/> No	2
E.	Have you gotten into trouble at work because of drinking?	<input type="radio"/> Yes <input checked="" type="radio"/> No	2
F.	Have you ever neglected your obligations, your family, work, for two or more days in a row because you were drinking?	<input type="radio"/> Yes <input checked="" type="radio"/> No	2
G.	Have you ever had delirium tremens (DT's), severe shaking, heard voices, or seen things that weren't there after drinking?	<input type="radio"/> Yes <input checked="" type="radio"/> No	2
H.	Have you ever gone to anyone for help about your drinking?	<input type="radio"/> Yes <input checked="" type="radio"/> No	5
I.	Have you ever been in the hospital because of drinking?	<input type="radio"/> Yes <input checked="" type="radio"/> No	5
J.	Have you ever been arrested for drunk driving or driving after drinking?	<input type="radio"/> Yes <input checked="" type="radio"/> No	2

4. Do you presently smoke cigarettes or use tobacco in any form? Yes ☒ No ☐
5. If not, did you ever smoke cigarettes or use tobacco in any form? Yes ☒ No ☐
6. How many packs do (did) you smoke a day? ⁵ 2 cigarettes for how many years? 5
1 pack a week

**THANK YOU FOR YOUR HELP!!
I LOOK FORWARD TO MEETING YOU
AND HELPING YOU MANAGE YOUR PAIN.**

Ronald E. Snyder, M.D.

St. Mary's Regional Medical Center Doctor's Order Form

Diagnosis:

Drug Allergies:

278533 MS HR 221342
1750/98 HONZEL, MICHAEL J
ANTOZZI, RONALD N
1750/98 POLAND RD
DEERB NE 04210
361 62 H/M 207-7823873
318103-01 999999

+3208

☐ In Accordance with Our Formulary System The Use Of
Generic Equivalents Acceptable Unless Box Checked.

Addressograph Imprint

Doctor's Order Form Instructions For Use

1. Imprint Before Placing in chart.
2. Fax To Pharmacy Each Time The Doctor Writes A Set Of Orders
3. Indicate Fax Orders By Placing Initials In Column Opposite Doctor's Signature
4. The Signature Of A Doctor Must Accompany Each Set Of Orders.

Date	Time	Initial When Faxed
10/5/98	✓ (1) Admit to Dr. Honzel	
	✓ (2) Dr. Cui's clean 2 TI starting 58	
	✓ (3) NPO 1735-28 10M	
	✓ (4) Demoral 100g 100cc cool q.3 hrs	
	✓ Phenytoin 12.5g IV now only 9.4	
	✓ (5) TLO per p	
	✓ (6) IV D5 NS + 20mEq KCl in 100cc 10	
	✓ (7) SoluMedrol 100g IV now w 12 hours	
	✓ (8) U/A for cholest	Fax 1300h
<p>Noted 10/5 8:00g Paracetamol (billed)</p>		
10/5/98	8 (1) CBC, BMP in AM for Dr. Honzel	
	8 (2) Mg' have clean legend	
	1330-21	
10/6	14/5/98 2000 Noted Demoral U.S. OK	

120113

ORIGINAL FOR CHARTS
DOCTOR'S ORDER FORM

500685.011.0170

St. Mary's Regional Medical Center
Doctor's Order Form

Diagnosis:

Drug Allergies:

42785 MS 221342
 1775/08 MONZEL, MICHAEL J
 SANTOZZI, RONALD R
 42 HOLLAND RD
 ALBURN ME 04210
 0151 62 A/A 207-7823873
 218103-01 999999

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 Generic Equivalents Acceptable Unless Box Checked.

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4. The Signature Of A Doctor Must Accompany Each Set Of Orders.

Date	Time	Initial When Faxed
10/6/98		
<p>① D/C demented man</p> <p>② Morphine Sulfate 3-5mg S.C. q3h pm pm pm</p> <p>③ Xanax .5mg po bid + q 4h pm</p> <p>④ Cough Syrup</p> <p>⑤ 1/2 cup in room as tolerated</p> <p>⑥ Stool for c. diff</p> <p>taxi title</p> <p>10/6/98 @ 1410 J. Richard / Shelden</p>		
10/6/98	1730h	
<p>D/C mrs</p> <p>Demul 100mg Am q3h PRN</p> <p>To Dr. Monzel / M. Armstrong</p> <p>Note 10/6/98 1730 Ed. J. R.</p>		
10/6/98	7PM	
<p>① PSYCHIATRY CONSULT DR. BALKINER ? I will</p> <p>② PAIN CONSULT DR. SWAER ? NOTIFY</p> <p>Note 10/6/98 2040 J. R.</p>		

120113

ORIGINAL FOR CHARTS
DOCTOR'S ORDER FORM

500685.011.0171

**St. Mary's Regional Medical Center
Doctor's Order Form**

Diagnosis:

Drug Allergies:

R27MS33 NS HR 221342
1775/98 MCQUEL, MICHAEL J
F07E221, RONALD W
40 PELAND RD
AUBURN NE 684210
C36Y 762 H/M 207-7823873
218103-01 999999

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Generic Equivalents Acceptable Unless Box Checked.

Addressograph Imprint

Doctor's Order Form Instructions For Use

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4. The Signature Of A Doctor Must Accompany Each Set Of Orders.

Date	Time		
10/7/99		<p>① Release to a low residue diet</p> <p>② Decrease IV rate to 75% Lk and cap 10 if oral intake good by mouth</p> <p>③ Vancomycin 125g po qid</p> <p>④ Chy 45 to 50</p> <p>⑤ Chy on IV hepatic panel</p> <p>⑥ Decrease Devent to 75g 2m q3h or per</p>	<p>132853</p> <p>(F)</p>
10/7/99		<p>① Luvax 50 mg po qhs x 7 days then ↑ to 50 mg po BID</p> <p>② D-Scatterin Xanax 0.5mg po BID qhs</p> <p>③ Ativan 0.5mg po BID qhs</p> <p>Duke Ballman MD</p> <p>noted Jatzler J. Dantrolene c. 2005</p>	

PM 11/13

ORIGINAL ORDER

500685.011.0172

St. Mary's Regional Medical Center Doctor's Order Form

Diagnosis:

Drug Allergies:

221348
MICHAEL J
WALD M
14210
207-7623873
113799

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Generic Equivalents Acceptable Unless Box Checked.

Addressograph Imprint

Doctor's Order Form Instructions For Use

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4. The Signature Of A Doctor Must Accompany Each Set Of Orders.

Date	Time	Initial When Faxed
10/8/98		
	(1) DIC tuberculin	
	(2) Prednisone 30mg po qam - 1st dose then PRN	
	(3) Ceph demand to 50-75mg IM q 6 hours severe pain	
	(4) Rist 8 should be chg	
	137771 to low residence factors limited	
	137467	
	Noted 10/8/98 0950 J. Camacho should	
10/8/98	1930h	
	DK Lipid	
	Gentamycin 100mg IV STAT then 80mg q 8hrs	
	CBC	
	2 sets Blood Cultures 10 min apart before starting Gentamycin	
	Urine Culture	
	BUN + Creat Every other day	
	Surfact 2 daily	
	pharmokinetics of Gentamycin	
	To Dr. Michael / Linda K. K.	

780113

ORIGINAL FOR CHARTS
DOCTOR'S ORDER FORM

500685.011.0173

St. Mary's Regional Medical Center Doctor's Order Form

Diagnosis:

Drug Allergies:

MS 221342
10/06/98 HONOLULU, MICHAEL J
HARTMAN, DEIRDRE M
ST. MARY'S HOSPITAL
HONOLULU, HI 96813
HE 04210
62 4/H 207-7823873
210103-01 999999

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Generic Equivalents Acceptable Unless Box Checked.

Addressograph Imprint

Doctor's Order Form Instructions For Use

1. Imprint Before Placing In chart.
2. Fax To Pharmacy Each Time The Doctor Writes A Set Of Orders
3. Indicate Fax Orders By Placing Initials In Column Opposite Doctor's Signature
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Date	Time	
10/9/98		① OTC deural ② Percocet T po q 6 hrs prn
10/9/98		① 1145 J. Richard ② [Signature]
10/9/98		① OTC salin capn ② Dischyl Noted [Signature]

ORIGINAL FOR CHARTS
DOCTOR'S ORDER FORM

PS0113

500685.011.0174

ADDRESS PLATE HERE.

221342

43210

SCHEDULED MEDICATIONS

[illegible]

500

NAME Fausto Ronald

WITH

St. Mary's Regional Medical Center
Lewiston, ME

Discharge Instructions
Page 1

0078533 AS NO 221342
1/10/98 HONZEL, MICHAEL J
PATIENT, RONALD A
41 POLAND RD
LEWISTON ME 04210
V62 N/H 207-7823073
212123-01 999999

Diagnosis: *Chondrosarcoma*
Partial SBO

Medication/Treatment:

Vancomycin 125mg i tab 4x daily x 4 days
Lurox 50mg i Pill twice daily
Prednisone 30mg daily
Percocet i tab q 6 hrs as needed for pain

Patient Signature: *Ronald S. Honzel*

Date: *10/9/98*

Nurse's Signature: *Jerry Hamilton*

Dept/Ext#:

Physician Signature (Optional):

White - Patient Copy

Yellow - Facility Copy

Pink - Physician Copy

120181

500685.011.0178

St. Mary's Regional Medical Center
Lewiston, ME

Discharge Instructions
Page 1

8278533 MS NR 221342
10/25/98 HOMZEL, MICHAEL J
FANTOZZI, RONALD N
40 POLAND RD
AUBURN ME 04203
6361 462 N/N 207-7823073
218103-01 999999

Diagnosis:

Crohn's entered / Packed 5/30
Pan 70 ahead

Medication/Treatment:

Vancomycin 125 1 pill 4 times daily for 4 days
LUVAX 50g 1 pill 2 times per day
Prednisone 30g daily
~~Hydrocortisone 20mg 2 times daily~~
Period 1 day 6 hours if needed for pain

Contact Dr. Mowal for an appt in
3-4 weeks
784-5787

Patient Signature: _____

Date: 10/9/98

Nurse's Signature: _____

Dept./Ext #: _____

Physician Signature (Optional):

Michael J. Mowal

White - Patient Copy

Yellow - Facility Copy

Pink - Physician Copy

120101

500685.011.0179

**St. Mary's Regional Medical Center
Lewiston, ME**

8278533 MS NR 221342
10/05/98 NONZEL, MICHAEL J
FANTOZZI, RONALD M
40 POLAND RD
AUBURN ME 04210
0361 762 N/H 207-7823873
218103-01 999999

Discharge Instructions

Page 2

Activity:	Equipment Needs	Exercises:	Personal Care:
<input type="checkbox"/> Bed rest	<u>[Signature]</u>	<input checked="" type="checkbox"/> See attached	<input checked="" type="checkbox"/> Bathing/dressing
<input type="checkbox"/> Up for meals/ bathroom only	<u> </u>	<input type="checkbox"/> None	<input type="checkbox"/> Toileting
<input type="checkbox"/> No intercourse	Precautions/Restriction		
<input type="checkbox"/> No driving	<u> </u>		
<input checked="" type="checkbox"/> Resume normal activity	<u> </u>		

Diet: _____ No restrictions _____ Drink at least _____ _____ Diet Explained/Copy Provided _____ Restrictions <u>Lows Fats due</u> <u>Lactose, Tofu</u>	Respiratory: <div style="text-align: center; font-size: 2em; margin-top: 20px;">G</div>
--	---

Social Service:
 — Equipment — Name of Company — Phone # —
 — Home Health Agency: (Circle) NSG / Aide / Homemaker / OT / Speech / PT / Social Worker
 — Name: — Phone #: —
 — Hospital Social Worker - Name: — Phone #: —
 — Other: —

☒ Appointments (Physician, Tests, PT, OT, Speech, Diabetes Educators)

CONTACT DE MONZEE/FOR APPOINTMENT IN 3/4 WKS

784-5784

Patient Sig: X Read Terry Date: 1/14/89
 Nurse's Signature: Terry Holman Dept./Ext #: _____
 Physician Signature (Optional): Michael Holman

White - Patient Copy

Yellow - Partially Copy

Pink - Physician Copy

12044

500685.011.0180